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## Appendix 1

### DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

#### STANDARD CONTRACT

This contract is entered into this \_\_\_\_\_, 2003, by \_\_\_\_\_, hereinafter called "Contractor" and the Commonwealth of Virginia, Department of Human Resource Management, hereinafter called "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF CONTRACT:

COMPENSATION AND METHOD OF PAYMENT: The Contractor shall be paid monthly according to the terms of its accepted proposal.

CONTRACT DOCUMENTS: The Contract Documents shall consist of this signed Contract; the Request for Proposals: proposal submitted by the Contractor dated \_\_\_\_\_; the general conditions, special conditions, specifications, and other data contained in the Request for Proposals.

Any contractual claims shall be submitted in accordance with the contractual dispute procedures set forth in the Request for Proposals.

In witness whereof, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

PURCHASING AGENCY:

By: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form: \_\_\_\_\_

Office of the Attorney General

## Appendix 2

### **Selected Enrollment, Cost, Workload, Demographic and Utilization for State Employees**

- A. Self Insured (ASO) Claims and Enrollment Data - Available in electronic form on a CD. To obtain the CD containing these MS Excel and Word files, you may pick them up at the Department or provide a mailing address for delivery. To arrange pick up or delivery, please contact Bill Gregory by phone (804-225-2208) or e-mail ([bggregory@dhrm.state.va.us](mailto:bggregory@dhrm.state.va.us)). Please note, these files are proprietary and available only to vendors of the services requested by this RFP.

## **Appendix 3**

### **Summary Description of All Plans Offered to TLC Groups - 4 plans**

**Medical and MISA Benefits**  
**(See Web Site for Dental and Prescription Drug Benefits)**

**Summary descriptions of listed plans follow in the order shown below.**

1. Key Advantage
2. Cost Alliance
3. Key Share
4. Value Alliance

For additional information, including dental and prescription drug benefits, visit the Local Choice web site: [www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us)

## Key Advantage

Calendar Year Major Medical Deductible:	Individual \$100	Family \$400
Annual Out-of-Pocket Limits	\$1000	\$3000
Lifetime Maximum ( <i>Major Medical Services</i> )	\$1,000,000	

	Co-Payment	Deductible Applies?	Coinsurance	Comments:
A- Accidental Dental Injuries	\$0	Yes	20%	Under MM
B- Ambulance Travel	\$0	Yes	20%	
C- Diagnostic test and x-rays				
• <b>Inpatient</b>	\$200/confinement	No	0%	
• <b>Outpatient/ Office</b>	\$0	No	10%	
D- Doctor's Visits				
E- <b>Inpatient</b>				
• <b>Primary Care Physician (PCP)</b>	\$0	No	0%	
• <b>Specialist</b>	\$0	No	0%	
F- <b>Outpatient /Office</b>				
• Primary Care Physician (PCP)	\$15	No	0%	
• Specialist	\$25	No	0%	
Home Health Care	\$15 PCP/\$25 Specialist	No	0%	90-visit CY Limit
Hospice Care Services	\$15 PCP/\$25 Specialist	No	0%	
Hospital Services				
• Inpatient Facility	\$200/confinement	No	0%	
• Outpatient Facility, incl. ER visits	\$75 per visit	No	0%	Waived if admitted
<b>Mental Health or Substance Abuse Treatment</b>				
Inpatient Treatment				
• Facility	\$200 /confinement	No	0%	
• Professional Provider Services	\$0	No	0%	
Partial Day Program	\$200 /confinement	No	0%	
Outpatient Treatment				
• Facility Services	\$75	No	0%	Waived if admitted
• Specialist	\$25	No	0%	
Employee Assistance Program	\$0	No	0%	Four visits/ incident
<b>Nursing Services – Private Duty</b>	\$0	Yes	20%	
G- Skilled Nursing Facility				
• Facility	\$0 per stay	No	0%	180 day per stay limit
• Professional Provider Services	\$0	No	0%	
H- Surgery				
Inpatient				
• PCP/Specialist	\$0	No	0%	
• Assistant Surgeon	\$0	No	0%	Medical Necessity Review
• Anesthesiologist	\$0	No	0%	Medical Necessity

				Review
Outpatient				
• PCP	\$15	No	0%	
• Specialist incl. Anesthesiologist	\$25	No	0%	

## Cost Alliance - No Out of Network Benefits other than Emergency

Annual Out-of-Pocket Limits  
Lifetime Maximum

\$2500 per Covered Person  
\$1,000,000

	Co-Payment	Deductible Applies?	Coinsurance	Comments:
I- Accidental Dental Injuries	\$20PCP/ \$35 Specialist	N/A	N/A	Accident treatment only
J- Ambulance Travel	\$0	N/A	N/A	A/C non-emergency pre-cert
K- Diagnostic test and x-rays				
• <b>Inpatient</b>	\$100/day \$500 max	N/A	N/A	A/C
• <b>Outpatient, including Office</b>	\$20 PCP/\$35 Specialist	N/A	N/A	A/C
L- Doctor's Visits				
M- <b>Inpatient</b>				
• <b>Primary Care Physician (PCP)</b>	\$0	N/A	N/A	A/C
• <b>Specialist</b>	\$0	N/A	N/A	A/C
N- <b>Outpatient /Office</b>				
• Primary Care Physician (PCP)	\$20	N/A	N/A	A/C
• Specialist	\$35	N/A	N/A	A/C
Home Health Care	\$0	N/A	N/A	Pre-cert
Hospice Care Services	\$0	N/A	N/A	A/C
Hospital Services				
• Inpatient Facility	\$100/day \$500 max	N/A	N/A	A/C
• Outpatient Facility, incl. ER visits	\$75 per visit	N/A	N/A	Waived if admitted
<b>Mental Health or Substance Abuse Treatment</b>				
Inpatient Treatment				
• Facility	\$100/day \$500/ max	N/A	N/A	A/C
• Professional Provider Services	\$0	N/A	N/A	A/C
Partial Day Program	\$100/day \$500/ max	N/A	N/A	A/C
Outpatient Treatment				
• Facility Services	\$75 per visit	N/A	N/A	Waived if admitted
• Specialist	\$35	N/A	N/A	A/C
Employee Assistance Program	\$0	N/A	N/A	Four visits per incident
<b>Nursing Services – Private Duty</b>	N/A	N/A	N/A	
O- Skilled Nursing Facility				
• Facility	\$0	N/A	N/A	100 day per stay A/C
• Professional Provider Services	\$0	N/A	N/A	A/C
P- Surgery				
Inpatient				
• PCP/Specialist	\$0	N/A	N/A	
• Assistant Surgeon	\$0	N/A	N/A	Medical Necessity

				Review
• Anesthesiologist	\$0	N/A	N/A	Medical Necessity Review
Outpatient				
• PCP	\$20	N/A	N/A	
• Specialist incl. Anesthesiologist	\$35	N/A	N/A	



## KeyShare

Plan Year Deductible: \$200 Per covered person Not to exceed \$600 per Family  
 Plan Year Out-of-Pocket Limits \$2000 Per covered person Not to exceed \$6000 per Family

	Co-Payment	Deductible Applies?	Coinsurance	Comments:
Q- Accidental Dental Injuries	\$20 PCP/\$30 Specialist treated in the office	Yes for IP/OP treatment	20% for IP/OP treatment	Medical Only
R- Ambulance Travel	\$0	Yes	20%	
S- Diagnostic test and x-rays				
• <b>Inpatient</b>	\$0	Yes	20%	
• <b>Outpatient</b>	\$0	Yes	20%	
• <b>Office</b>	\$0	Yes	20%	
T- Doctor's Visits				
U- <b>Inpatient</b>				
• <b>Primary Care Physician (PCP)</b>	\$0	Yes	20%	
• <b>Specialist</b>	\$0	Yes	20%	
V- <b>Outpatient /Office</b>				
• Primary Care Physician (PCP)	\$20	No	0%	
• Specialist	\$30	No	0%	
Home Health Care	\$0	Yes	20%	90-visit CY Limit
Hospice Care Services	\$20 PCP/\$30 Specialist	No	0%	
Hospital Services				
• Inpatient Facility	\$0	Yes	20%	
• Outpatient Facility, including ER visits	\$0	Yes	20%	
<b>Mental Health or Substance Abuse Treatment</b>				
Inpatient Treatment				
• Facility	\$0	Yes	20%	
• Professional Provider Services	\$0	Yes	20%	
Partial Day Program	\$0	Yes	20%	
Outpatient Treatment				
• Facility Services	\$0	Yes	20%	
• Specialist	\$30	No	0%	
Employee Assistance Program	\$0	No	0%	Four visits per incident
<b>Nursing Services – Private Duty</b>	\$0	Yes	20%	
W- Skilled Nursing Facility				
• Facility	\$0	Yes	20%	180 day per stay limit
• Professional Provider Services	\$0	Yes	20%	
X- Surgery				
Inpatient				
• PCP/Specialist	\$0	Yes	20%	
• Assistant Surgeon	\$0	Yes	20%	

• Anesthesiologist	\$0	Yes	20%	
Outpatient				
• PCP	\$20	Yes	20%	
• Specialist incl. Anesthesiologist	\$30	Yes	20%	

## Value Alliance - No Out of Network Benefits other than Emergency

Plan Year Deductible

\$300 per Covered Person Not to Exceed \$900 per Family

Plan Year Out-of-Pocket Limits

\$2500 per Covered Person Not to Exceed \$7500 per Family

	Co-Payment	Deductible Applies?	Coinsurance	Comments:
Y- Accidental Dental Injuries	\$20 PCP/\$35 Specialist if in office	Yes, if IP/OP treatment	20% if IP/OP treatment	
Z- Ambulance Travel	\$0	Yes	20%	
AA- Diagnostic test and x-rays				
• Inpatient	\$0	Yes	20%	
• Outpatient	\$0	Yes	20%	
• Office	\$0	Yes	20%	
BB- Doctor's Visits				
CC- Inpatient				
• Primary Care Physician (PCP)	\$0	Yes	20%	
• Specialist	\$0	Yes	20%	
DD- Outpatient /Office				
• Primary Care Physician (PCP)	\$20	No	0%	
• Specialist	\$35	No	0%	
Home Health Care	\$0	Yes	20%	90-visit CY Limit
Hospice Care Services	\$20 PCP/\$35 Specialist	No	0%	
Hospital Services				
• Inpatient Facility	\$0	Yes	20%	
• Outpatient Facility, including ER visits	\$0	Yes	20%	
<b>Mental Health or Substance Abuse Treatment</b>				
Inpatient Treatment				
• Facility	\$0	Yes	20%	
• Professional Provider Services	\$0	Yes	20%	
Partial Day Program	\$0	Yes	20%	
Outpatient Treatment				
• Facility Services	\$0	Yes	20%	
• Specialist	\$35	No	0%	
Employee Assistance Program	\$0	No	0%	Four visits per incident
<b>Nursing Services – Private Duty</b>	\$0	Yes	20%	
EE- Skilled Nursing Facility				
• Facility	\$0	Yes	20%	100 day per stay limit
• Professional Provider Services	\$0	Yes	20%	
FF- Surgery				
Inpatient				
• PCP/Specialist	\$0	Yes	20%	
• Assistant Surgeon/	\$0	Yes	20%	

Anesthesiologist				
Outpatient, incl. Oral Surgery				
• PCP	\$20	Yes	20%	
• Specialist incl. Anesthesiologist	\$30	Yes	20%	

## Appendix 4

### MENTAL HEALTH AND SUBSTANCE ABUSE (MISA) EMPLOYEE ASSISTANCE PROGRAM (EAP)

#### SUMMARY CLAIMS INFORMATION – MISA

##### State Employee Group

<u>Place of Treatment</u>	<u>7/1/01- 6/30/02</u>	<u>7/1/02 –5/31/03</u>
	<u>Total</u>	<u>Total</u>
<b>Inpatient</b>		
# of Claims	2,121	3,150
Covered Charges	\$1,082,116	\$2,876,887
<b>Residential</b>		
# of Claims	38	48
Covered Charges	\$10,818	\$17,519
<b>Partial Hospital</b>		
# of Claims	38	76
Covered Charges	\$4,152	\$26,881
<b>Intensive Outpatient</b>		
# of Claims	88	313
Covered Charges	\$50,089	\$270,605
<b>Outpatient</b>		
# of Claims	51,017	68,513
Covered Charges	\$3,918,263	\$5,591,110
<b>All Levels</b>		
# of Claims	53,302	72,100
Covered Charges	\$5,065,439	\$8,783,002

## SUMMARY CLAIMS INFORMATION – MISA

### The Local Choice Employee Group

<b>Place of Treatment</b>	<b>7/1/01- 6/30/02</b>	<b>7/1/02 –5/31/03</b>
	<b><u>Total</u></b>	<b><u>Total</u></b>
<b>Inpatient</b>		
<b># of Claims</b>	<b>418</b>	<b>507</b>
<b>Covered Charges</b>	<b>\$191,359</b>	<b>\$556,510</b>
<b>Residential</b>		
<b># of Claims</b>	<b>4</b>	<b>2</b>
<b>Covered Charges</b>	<b>\$285</b>	<b>\$730</b>
<b>Partial Hospital</b>		
<b># of Claims</b>	<b>9</b>	<b>7</b>
<b>Covered Charges</b>	<b>\$2,495</b>	<b>\$815</b>
<b>Intensive Outpatient</b>		
<b># of Claims</b>	<b>27</b>	<b>51</b>
<b>Covered Charges</b>	<b>\$25,653</b>	<b>\$50,983</b>
<b>Outpatient</b>		
<b># of Claims</b>	<b>6,780</b>	<b>9,432</b>
<b>Covered Charges</b>	<b>\$511,921</b>	<b>\$741,795</b>
<b>All Levels</b>		
<b># of Claims</b>	<b>7,238</b>	<b>9,999</b>
<b>Covered Charges</b>	<b>\$731,713</b>	<b>\$1,350,832</b>

## SUMMARY CLAIMS INFORMATION – EAP

	<u>7/1/01- 6/30/02</u>	<u>7/1/02 –5/31/03</u>
<u>State Employee Group</u>		
Number of Claims	1,765	2,952
Covered Charges	\$96,675	\$164,075
<u>TLC Employees:</u>		
Number of Claims	168	312
Covered Charges	\$9,089	\$17,415

## Appendix 5

### Enrollment and Claims Experience for TLC (Non HMO)

#### **Enrollment Data:**

	<u>7/1/01 – 6/30/02</u> <u>Contract Months</u>	<u>7/1/02 – 6/30/03</u> <u>Contract Months</u>
Key Advantage Basic	67,562	57,203
Key Advantage Expanded	142,817	138,761
Cost Alliance	36,019	50,040
Key Share Basic	0	453
Key Share Expanded	0	2,691
Value Alliance	0	10,577
Medicare Products	9,648	9,881

#### **Claims Data:**

	<u>Claims Dollars</u>	<u>Claims Dollars</u>
Hospital (Undiscounted)	\$67,068,617	\$83,053,503
Physician	\$25,375,063	\$28,656,570
Major Medical	\$896,110	\$1,306,003
Prescription drug	\$18,845,782	\$18,623,851
Dental	\$4,864,053	\$5,501,337
Medicare Drug	\$1,258,199	\$1,563,230



## Appendix 6

### HMO Information for State Employee and TLC Program

#### **Plan Year 7/1/02-6/30/03**

	<b><u>Contract Month's Enrollment</u></b>	<b><u>Total Premiums</u></b>
State Employee Group	40,499	\$17,573,849
TLC Program	7,626	\$3,759,626

#### **Plan Year 7/1/01-6/30/02**

State Employee Group	62,791	\$33,085,364
TLC Program	4,210	\$1,593,976

## Appendix 7

### State Employee and TLC Current Forms

- A. State Employee Forms – Visit State Employee Health Benefits program web site: [www.dhrm.state.va.us/compandbenefits.html](http://www.dhrm.state.va.us/compandbenefits.html)
- B. TLC Current Forms – Visit TLC web site: [www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us)

### **State Employee Membership and Billing System**

#### **A. Benefits Eligibility System**

The Department maintains a central membership system that contains the records of all employees, retirees, other eligibles, and their dependents that have coverage under the state employee health benefits program. The system is a live time system known as the Benefits Eligibility System (BES). BES is used to receive enrollment changes, provide enrollment updates to all carriers, and is the official eligibility source for all programs, in addition to providing the self billing information used to transfer premiums to fully insured carriers on a monthly basis. All eligibles, including both the enrollee and their dependents, are required to carry an identification number that currently is their social security number. Eligibility updates, including the identification number, are made available to carriers electronically as frequently as daily. It is requested that carriers also carry the dependent identification on their claims files.

Enrollment to the state program is largely done through the Office of Health Benefits (OHB)'s web based enrollment system that is called Employee Direct (E-Direct). Eligible persons may go to the E-Direct site to enroll, change membership types, change dependent information, or receive general information on the state's programs, along with other functions. E-Direct has a live time interface with BES and a change is updated while the caller is on line and a confirmation is provided. The state enrollee has the option of completing a manual enrollment/waiver form and giving it to their agency benefits administrator for keying directly to BES, but E-Direct is well accepted at this time and most employees use the web based system.

As stated above, eligibility updates will be made available to all contractors through a FTP process on a daily basis. It is expected that contractors maintain their eligibility files on a current basis to provide for accurate claims processing.

#### **B. Billing for Self Funded Plans**

The services billed under the self-funded plans fall into two categories. These are billing for claims payments and billing for administrative fees (Section 4.0 as records accumulated, and invoiced in total to the Department on a weekly basis. The OHB staff reviews the invoice and the Contractor is reimbursed through a electronic transfer of funds within 48 hours of the receipt of the billing documentation. The billing documentation will at a minimum consist of: a cover invoice which provides the net claim dollars to be paid broken between the state employee and the TLC program, and support documentation for each program that provides the claims dollars paid for each benefit category during the period covered by the invoice and year to date. This procedure will be finalized with each contractor as part of the negotiation process and the cycle may be varied based upon compelling reasons, such as claim volume and dollars.

The administrative expenses are invoiced monthly to OHB by each contractor by the 15<sup>th</sup> of the following month. In this process, the OHB will review the invoice and authorize reimbursement through the EDI process. Again the billing documentation will consist a cover invoice providing the administrative dollars in total for each program with a summary for all programs, and documentation which supports the summary invoice. This support will at minimum consist of a breakdown by each program of billing units by price per unit, shown for the current period and year to date. The number of billing units for each employer under the TLC program will also be required. The monthly administrative invoice may also be used as the financial transfer document for miscellaneous non-claim items that are either due from or to the Department when supported by clear documentation. This procedure will also be finalized during final negotiations.

### **C. Billing for Fully Insured Plans**

The Department makes monthly premium payments to all fully insured carriers by a self-billing procedure based on the BES records as of the first day of each month of coverage. The self-billing process is ran on the fifth working day of each month of coverage based on all first day eligibles and takes into consideration any retroactive changes. The self-billing file includes all eligibles for a contractor shown by agency and premiums due. The file is transferred electronically to the carrier and at the same time generates the request for payment. An EDI transfer around the 10th working day of each month makes payments. (See Appendix 10 for a description of the Commonwealth's EDI payment system and forms required to be completed.)

## **Appendix 9**

### **THE LOCAL CHOICE (TLC) PROGRAM ADMINISTRATION**

#### **A. Adoption by Local Governmental Employer Groups**

The TLC was established by the General Assembly of Virginia to provide an optional source of health insurance benefits to local government entities within Virginia. The program operates under regulations established by the Commonwealth of Virginia and enrolled its first member groups on July 1, 1990. The regulations require that a prospective group complete a formal application (see Appendix 7.B), and the Department's underwriters provide the applicant with monthly premiums for each of the plans which are available to the group based on area of the state. A group may join the program at the beginning of any month, but all groups renew with a July 1 effective date (except for a few school groups who may choose a October 1 renewal date). A prospective group joins the program by completing a legal adoption agreement and submitting a document containing the plan choices that they will offer to their employees. The choice of the plans is an employer decision and their employees may only choose from the plans selected. At this time all selected contractors are notified and the contractor's representatives meet with the group and provide them with the material needed to conduct an open enrollment.

#### **B. Enrollment by employees of TLC Member Groups**

Each member group conducts an open enrollment process prior to the start of each plan year. For the renewing groups, this open enrollment is normally held during the months of April and May and will vary in length and formality depending upon the group's size and other influencing factors. Standard enrollment/waiver forms are provided to the groups by the program, along with summary information on plans offered. Each Contractor is required to provide a toll free customer service line to provide information about their plan and to receive orders for plan specific materials from either individuals or to ship in bulk supply to the group's benefit administrator.

Each member group defines their eligible employees within the policies of the TLC program's eligibility rules. A group is required to complete the enrollment process and provide each selected plan with completed enrollment/waiver forms by June 1. This allows each plan at least 30 days in which to set up the enrollees on their membership system, issue identification cards, and provide the current July billing to the groups.

### C. Membership Files and Group Billing

Each Contractor is responsible for maintaining membership files for enrollees of any TLC group that selects their plan as one of the group offerings. It is the intent of the program to develop a consolidated membership and claims history data base as is used with the state employee program, but this will not be in place at the effective date of this contract. Therefore, each Contractor with a plan offered to a TLC group would handle the membership functions as if the group was one of their direct contracted groups.

The monthly premium billing to TLC groups plans is due to the group by the 20<sup>th</sup> of the month proceeding the month of coverage. Payments are due back to the plan by the first day of the coverage month with normally a 10-day grace period for late payments to be received. This monthly billing and reconciliation should be handled the plans like is done with groups, which are contracted with directly. The billing of the self-funded plans to the Department for claims payments was described previously in Appendix 8.

For self-funded plans, the premiums collected during any month are transferred to the Department by the 5<sup>th</sup> working day of the following month. The premiums submitted should be shown by group and coverage period with total dollars by plan. For fully insured plans, the carrier retains the premiums.

### D. Renewal Process

Each year the local group member groups go through a formal renewal process in which they are provided the full menu of plans available in their area with the premiums for the upcoming plan year. The renewal process starts on September 15<sup>th</sup> prior to the upcoming July 1 effective date when each carrier is required to provide firm premiums for the next year. The communications development for the upcoming year begins immediately with the involvement of all Contractors. The paid claims data for the self-funded plans is pulled through December 31<sup>st</sup> for each member group and is entered into the tabular rating system along with current demographics and the costs of the pooled products (dental, MISA, and prescription drugs). The program underwriters proceed to develop rates by group for each self-funded plan, print a complete proposal including any fully insured plans available in the TLC groups area. Proposals are assembled and delivered to member groups by February 28<sup>th</sup>. The groups then have until April 1<sup>st</sup> to either renew or withdraw from the program. Renewing groups conduct open enrollment during April and May and are responsible for getting changes to the appropriate carrier by June 1<sup>st</sup>.

## **Appendix 10**

### **ELECTRONIC DATA EXCHANGE (EDI)**

**All payments to Contractors will be made by EDI. The Financial Handbook and forms to be completed are found on Web location below.**

<http://www.doa.state.va.us/procedures/GeneralAccounting/EDI/tradingpartnerguide.pdf>